

# PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
**Commissioner for Patents**  
**Washington, D.C. 20231**  
**Fax** (703)746-4000

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CURRENT CORRESPONDENCE ADDRESS (NOTE: Legibly mark-up with any corrections or use BLOCK 1)

7590 09/10/2002

BIRCH, STEWART, KOLASCH & BIRCH, LLP  
P.O. BOX 747  
FALLS CHURCH, VA 2050-8000

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	INVENTOR'S LAST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/506,838	02/18/2000	Ignatius Loy Britto	2801-136P	8929

TITLE OF INVENTION: METERED DOSE INHALER FOR BECLOMETHASONE DIPROPIONATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$4280	\$0	\$4280	12/10/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAGHIGHATIAN, MINA	1616	424-045000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Birch, Stewart,  
2 Kolasch & Birch,  
3 LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SmithKline Beecham Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Philadelphia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 20

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☒ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form). (IF NEEDED)

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Serald M. Murphy, Jr. (28,977) 12/09/2002

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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12/10/2002 MGBREH2 00000146 09506838

01 FC:1501  
02 FC:8001

1280.00 OP  
60.00 OP

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